

**HEALTH AND HUMAN SERVICES (HHS) PANDEMIC INFLUENZA PLAN**

**AT**

**HONOLULU INTERNATIONAL AIRPORT**

**RFP No. E01741-08**

**ATTACHMENT B-2**

### **Healthcare and Emergency Response**

An effective healthcare and emergency response requires planning and coordination among all levels of government and providers of direct patient care and essential services. HHS is working with its state and local partners to increase health care surge capacity of medical equipment, materials and personnel.

During a pandemic, HHS will work with states and local governments, and the private sector to optimize healthcare and emergency response. Since a pandemic may unfold in an unpredictable way, HHS actions in a pandemic will be shaped by regular assessments and adjustments of its strategies.

### **Communications and Public Outreach**

Dissemination of information to all Americans is a critical component of effective pandemic planning and response. HHS is currently developing communication and outreach materials and messages. In addition, HHS is developing strategies to address psychosocial concerns and procedures for implementation of communications plans for health care providers and the public.

During a pandemic, HHS will provide honest, accurate and timely information on the pandemic to the public. It will also monitor and evaluate its interventions and will communicate lessons learned to healthcare providers and public health agencies on the effectiveness of clinical and public health responses.

*All state, local, and tribal governments must be prepared to detect the earliest cases of pandemic influenza infection and disease, to minimize illness and morbidity, and to decrease social disruption and economic loss.*

## **Part 2 – Public Health Guidance to State and Local Partners**

All state, local, and tribal governments must be prepared to detect the earliest cases of pandemic influenza infection and disease, to minimize illness and morbidity, and to decrease social disruption and economic loss. Specific guidance and recommendations for pandemic influenza preparedness for state, local and tribal governments are detailed in eleven supplements in Part 2.

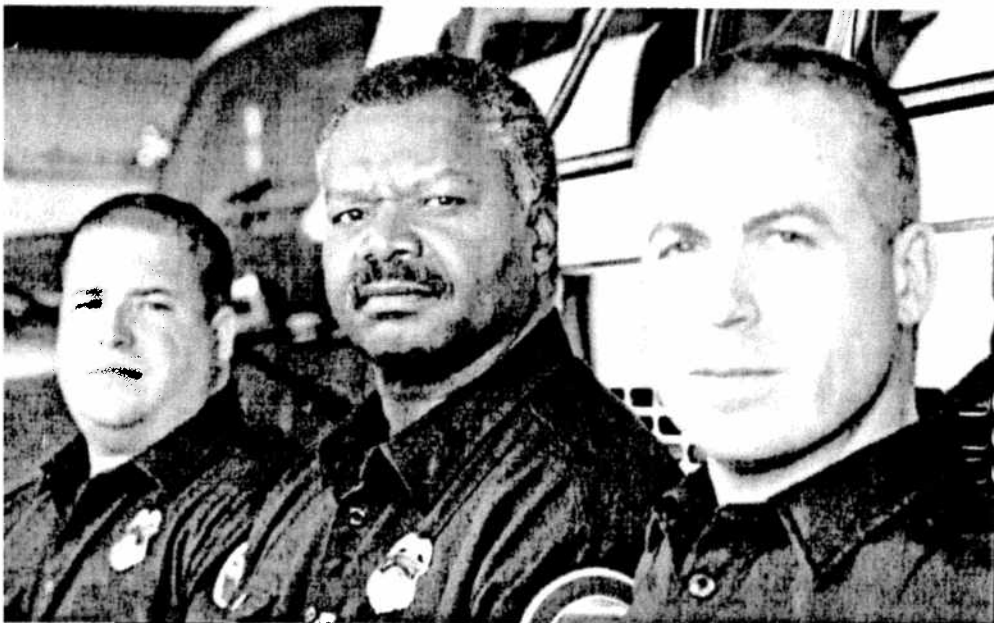
*Surveillance (Supplement 1)* provides recommendations to state and local partners on surveillance for influenza viruses and disease to monitor the health impact of influenza throughout the pandemic phases.

*Laboratory Diagnostics (Supplement 2)* provides recommendations to state and local public health partners and other laboratories on the use of diagnostic tests to detect, characterize, and monitor novel subtypes of influenza, including avian influenza A (H5N1) and other viruses with pandemic potential.

*Healthcare Planning (Supplement 3)* provides healthcare partners with recommendations for developing plans to respond to an influenza pandemic with a focus on planning for pandemic influenza surveillance, decision-making structures for responding to a pandemic, hospital communications, education and training, patient triage, clinical evaluation and admission, facility access, occupational health, distribution of vaccines and antiviral drugs, surge capacity, and mortuary issues. Planning for the provision of care in non-hospital settings—including residential care facilities, physicians' offices, private home healthcare services, emergency medical services, federally qualified health centers, rural health clinics, and alternative care sites—is also addressed.

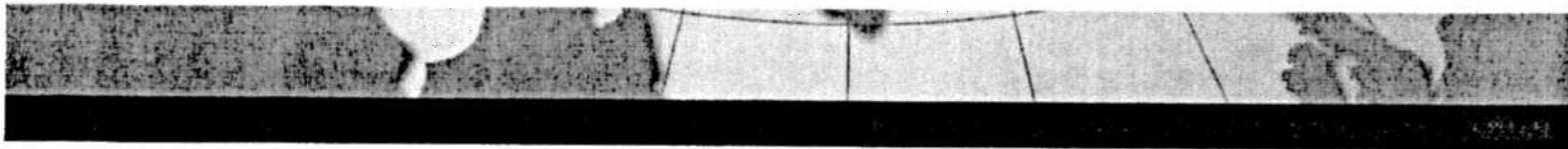
*Infection Control (Supplement 4)* provides guidance to healthcare and public health partners on basic principles of infection control for limiting the spread of pandemic influenza including the selection and use of personal protective equipment; hand hygiene and safe work practices; cleaning and disinfection of environmental surfaces; handling of laboratory specimens; and post-mortem care. The guidance also covers infection control practices related to the management of infectious patients, the protection of persons at high-risk for severe influenza or its complications, and issues concerning occupational health.

*Clinical Guidelines (Supplement 5)* provides clinical procedures for the initial screening, assessment, and management of patients with suspected novel influenza during the Interpandemic and Pandemic Alert Periods and for patients with suspected pandemic influenza during the Pandemic Period.



*Robust preparedness for the next pandemic requires coordination with state and local emergency responders.*

*HHS encourages all levels of government to use this plan and begin refining their own.*



*Vaccine Distribution and Use (Supplement 6)* provides recommendations to state and local partners and other stakeholders on planning for the different elements of a pandemic vaccination program, including vaccine distribution, vaccination of priority groups, monitoring of adverse events, tracking of vaccine supply and administration, vaccine coverage and effectiveness studies, communications, legal preparedness, training, data collection on use, effectiveness, safety and the development of drug resistance.

*Antiviral Drug Distribution and Use (Supplement 7)* provides recommendations to state and local partners on the distribution and use of antiviral drugs for treatment and prophylaxis throughout the pandemic phases, including issues such as procurement, distribution to pre-defined priority groups, legal preparedness, training and data collection.

*Community Disease Control and Prevention (Supplement 8)* provides recommendations to state and local partners on the use of disease containment strategies to prevent or decrease transmission during different pandemic phases.

*Managing Travel-Related Risks of Disease (Supplement 9)* provides recommendations to state and local partners on travel-related containment strategies that can be used during different phases of an influenza pandemic, including strategies that range from distribution of travel health alert notices, to isolation and quarantine of new arrivals, to restriction or cancellation of nonessential travel.

*Public Health Communications (Supplement 10)* outlines key influenza pandemic risk communications concepts including:

When health risks are uncertain, as likely will be the case during an influenza pandemic, people need information about what is known and unknown, as well as interim guidance to formulate decisions to help protect their health and the health of others;

An influenza pandemic will generate immediate, intense, and sustained demand for information from the public, healthcare providers, policy makers, and news media;

Timely and transparent dissemination of clear, accurate, science-based, culturally competent information about pandemic influenza and the progress of the response can build public trust and confidence;

Coordination of message development and release of information among federal, state, and local health officials is critical to help avoid confusion that can undermine public trust, raise fear and anxiety, and impede response measures;

Information to public audiences should be technically correct and sufficiently complete to encourage support of policies and official actions.

*Workforce Support: Psychological, Emotional, and Information Needs (Supplement 11)* focuses on the institutionalization of psychosocial support services that will help workers manage emotional stress during the response to an influenza pandemic and resolve related personal, professional, and family issues.

Robust preparedness for the next pandemic also requires coordination with state and local emergency responders. HHS encourages all levels of government to use this plan and begin refining their own. To this end, HHS plans to engage all stakeholders in an ongoing dialogue to refine and better coordinate preparedness plans.



## **SUMMARY OF PUBLIC HEALTH ROLES AND RESPONSIBILITIES IN MANAGING TRAVEL-RELATED RISK OF DISEASE TRANSMISSION**

### **INTERPANDEMIC AND PANDEMIC ALERT PERIODS**

#### **State and local responsibilities:**

- Improve readiness to implement travel-related disease containment measures.
- Work with CDC quarantine stations and federal partners to provide public health information to travelers who visit countries where avian or animal influenza strains that can infect humans (e.g., avian influenza A [H5N1]) or human strains with pandemic potential have been reported.
- Work with CDC quarantine stations and federal partners to evaluate and manage arriving ill passengers who might be infected with avian or animal influenza strains (e.g., avian influenza A [H5N1]) or human strains with pandemic potential.

#### **HHS responsibilities:**

- Work with state and local health departments to prevent the importation of influenza-infected birds and animals into the United States.
- Provide state and local health departments with legal preparedness templates for use in implementing quarantine and patient isolation measures.
- Work with travel industry partners to ensure that airplane and cruise ship captains and crew are familiar with procedures for identifying and managing arriving ill passengers.
- Coordinate with other countries and WHO to prevent the spread of novel influenza via international travel.

### **PANDEMIC PERIOD**

#### **State and local responsibilities:**

- Minimize travel-related disease transmission using a range of containment strategies.
- Evaluate the need to implement or terminate travel-related containment measures as the pandemic evolves.

#### **HHS responsibilities:**

- Work with state and local health departments and CDC quarantine stations to prevent the importation and exportation of cases of pandemic influenza.
- Promote a process of active engagement and discussion with state and local partners to support local decision-making on implementation of travel restrictions and other travel-related containment strategies.
- Coordinate with other countries and WHO to prevent the spread of pandemic influenza via international travel.

## **S9-I. RATIONALE**

The 2003 pandemic of severe acute respiratory syndrome (SARS) demonstrated how quickly human respiratory viruses can spread, especially in a world of modern air travel (Appendix 1). Disease spread will likely be even faster during an influenza pandemic because a typical influenza virus has a shorter average incubation period (typically 2 days vs. 7–10 days for SARS-associated coronavirus [SARS-CoV]) and is more efficiently transmitted from person to person.

If an influenza pandemic begins outside the United States, public health authorities might screen inbound travelers from affected areas to decrease disease importation into the United States. If a pandemic begins in or spreads to the United States, health authorities might screen outbound passengers to decrease exportation of disease. Early in a pandemic, state and local health departments might also implement domestic travel-related measures to slow disease spread within the United States.

Because some persons infected with influenza will still be in the incubation period, be shedding virus asymptomatically, or have mild symptoms, it will not be possible to identify and isolate all arriving infected or ill passengers and quarantine their fellow passengers. Moreover, if an ill passenger is identified after leaving the airport, it might not be possible to identify all travel contacts within the incubation period for influenza. Nevertheless—depending on the situation—these activities might slow spread early in a pandemic, allowing additional time for implementation of other response measures such as vaccination.

Once a pandemic is underway, exit screening of travelers from affected areas ("source control") is likely to be more efficient than entry screening to identify ill travelers. Early in a pandemic, this intervention may decrease disease introductions into the U.S. Later, however, as pandemic disease spreads in communities, ongoing indigenous transmission will likely exceed new introductions and, therefore, federal authorities might modify or discontinue this strategy. Voluntary limitations on travel during a pandemic alert and pandemic, as persons decide to limit their own personal risk by canceling nonessential trips, will also decrease the amount of disease spread. Limiting or canceling travel of U.S. residents and others from affected countries will depend on the properties of the pandemic virus that emerges, and will be informed by the facts on the ground at the time of emergence.


## **S9-II. OVERVIEW**

Supplement 9 provides recommendations to state and local partners on travel-related containment strategies that can be used during different phases of an influenza pandemic. These strategies range from distribution of travel health alert notices, to isolation and quarantine of new arrivals, to restriction or cancellation of nonessential travel. State and local health departments will implement these strategies in coordination with CDC quarantine stations located at 18 U.S. ports of entry (Box 1). The recommendations for the Interpandemic and Pandemic Alert Periods focus on preparedness planning and on management of arriving ill passengers on international flights or cruise ships. The recommendations for the Pandemic Period focus on travel-related measures to decrease disease spread into, out of, and within the United States.

## **S9-III. RECOMMENDATIONS FOR THE INTERPANDEMIC AND PANDEMIC ALERT PERIODS**

### **A. Preparedness for implementation of travel-related containment measures**

If a pandemic begins outside the United States, early application of travel-related control measures (i.e., identification and isolation of ill travelers, quarantine of close contacts) might slow the introduction of the virus into the United States, allowing more time for healthcare preparedness efforts. The effectiveness of these measures might be limited because asymptomatic travelers can transmit disease, travelers in the incubation phase might not become symptomatic until after arrival at their



destinations, and it might not be possible to trace contacts within the incubation period for influenza. Results of mathematical models suggest that even with international flights, if persons are asymptomatic but incubating influenza when they board, they may remain asymptomatic when they arrive and therefore may not be detected by either exit or entry screening. Nevertheless, the ability to detect some cases early in the pandemic may slow disease spread even for a short time.

The effective implementation of travel-related containment measures depends on advance planning, preparedness, and coordination at the state, local, federal and international levels. This section provides information on engagement of partners, protocols for managing ill travelers, quarantine preparedness at ports of entry, and legal preparedness.

## **1. Engaging community partners**

- In collaboration with the CDC, state and local planning for managing travel-related disease risk during a Pandemic Alert and Pandemic Period might include:
  - Quarantine officers
  - First responders (firefighters, police officers)
  - Local members of the legal community
  - Emergency medical services and other emergency responders
  - Hospital personnel
  - Representatives of airports, seaports, and the transportation industry, including unions
  - Political leaders
  - American Red Cross and other humanitarian organizations
  - Business services
- In collaboration with these partners, state and local health departments should:
  - Develop plans for training, mobilizing, and deploying public health staff and other emergency workers.
  - Conduct exercises and drills at ports of entry.
  - Train healthcare workers and emergency responders in the use of personal protective equipment (PPE) (see Supplement 4).
- State and local health departments should work with quarantine officers to develop memoranda of agreement with hospitals near ports of entry that are equipped to isolate, evaluate, and manage suspected influenza patients (see Supplement 8) and with emergency medical services that can help perform on-site assessments of ill passengers and transport them to hospitals for evaluation.

## **2. Protocols for managing ill travelers at ports of entry**

- In collaboration with law enforcement authorities and other partners, public health officials and quarantine officers should develop protocols for managing ill arriving passengers identified by airplane or cruise ship personnel. The protocols should include provisions for:
  - Meeting flights with a reported ill passenger
  - Establishing notification procedures and communication links among organizations involved in the response

- Reporting potential cases to CDC (see Supplement 1)
- Providing a medical assessment of the ill traveler and referral for evaluation and care
- Separating the ill traveler from other passengers during the initial medical assessment
- Transporting the ill traveler to a designated healthcare facility (see also Supplement 8)
- Identifying other ill passengers and separating them from passengers who are not sick
- Transporting and quarantining contacts, if necessary (see 3 below)
- Enforcing isolation and quarantine, if necessary, when ill travelers or their contacts are uncooperative
- CDC is working with partners in the travel industry to ensure that airplane and cruise ship personnel are familiar with:
  - Case definitions (e.g., symptoms, travel history) for avian influenza A (H5N1) and other novel influenza strains of public health concern as they arise. CDC will provide additional and updated case definitions, as necessary, during the Pandemic Alert and Pandemic Periods.
  - Actions to take and persons to contact at their home offices, local quarantine station, or CDC if they are concerned about a sick passenger who might have novel influenza

### **3. Quarantine preparedness at ports of entry**

- State and local public health officials, in collaboration with the CDC should identify quarantine facilities for housing passengers, crew, and emergency workers who may have been exposed to an ill traveler. These facilities should be equipped for:
  - Temporary quarantine (a few days), until the results of diagnostic tests become available
  - Longer-term quarantine (up to 10 days) if a diagnosis of pandemic influenza is confirmed
- State and local health departments and community partners should plan for the provision of goods and services to persons in quarantine (see Supplement 8).

### **4. Legal preparedness**

While the federal government is primarily responsible for preventing the introduction, transmission, and spread of communicable diseases from foreign countries into the U.S., state and local health authorities may also take measures, such as quarantine of ill travelers and their contacts, to prevent the spread of communicable diseases within their borders. State and local authorities are primarily responsible for restricting travel within their borders while the federal government may take measures to prevent the interstate spread of communicable diseases.

Because jurisdictions and authorities at airports and other ports of entry overlap, local, state, and federal health authorities should establish protocols and outline roles and responsibilities in advance of a public health emergency. To be adequately prepared for management of travel-related risks, state and local health departments should:

- Ensure that legal authorities for the isolation of ill persons and the quarantine of exposed persons (at the local, state, and federal levels) are known and understood (see Supplement 8).
- Develop procedures for addressing overlapping multi-jurisdictional issues.



- Ensure legal authorities and develop protocols for:
  - Requirements for pre-departure screening of international and domestic travelers
  - Requirements for arrival screening and/or quarantine of international and domestic travelers
  - Prohibitions on travel by ill persons and their contacts
  - Restrictions on use of mass transit systems
  - Cancellation of nonessential travel
- Work closely with local, state, and federal law enforcement officials to develop plans and protocols for enforcing travel restrictions, if necessary.

## B. Health information for travelers

CDC's Travelers' Health website ([www.cdc.gov/travel/](http://www.cdc.gov/travel/)) will provide up-to-date travel notices for international travelers to countries affected by novel influenza viruses during the Pandemic Alert Period and Pandemic Period. These notices are issued depending on the scope, risk for travelers, and recommended preventive measures. Four types of travel notices can be issued: In the News, Outbreak Notices, Travel Health Precautions, and Travel Health Warnings. Additional Travel Health Precautions or Warnings (see Box 2) may be issued to inbound and outbound travelers during the Pandemic Alert Period if avian influenza spreads internationally and causes additional cases of human influenza.

## C. Evaluation of travel-related cases of infection with novel strains of influenza

During the Pandemic Alert Period, travel-related cases of infection might be detected after entry into the United States or reported during transit by airline or cruise ship personnel before arrival of an ill passenger. Information on the detection and identification of novel strains of influenza is provided in **Supplement 1**. Guidance on the clinical management of suspected cases of novel influenza is provided in **Supplement 5**.

### 1. Managing ill passengers

- State and local health departments should follow protocols prepared in advance for the management of arriving ill passengers who meet the clinical and epidemiologic criteria for infection with a novel strain of influenza. Additional or updated case definitions for infection with novel strains of influenza will be issued, as needed, if the level of heightened surveillance increases from a situation of little immediate pandemic risk (corresponding to WHO Pandemic Alert Phase 3), to one in which pandemic risk is moderate or substantial (corresponding to WHO Pandemic Alert Phases 4 or 5).
- If an ill passenger with a suspected case of novel influenza is reported aboard an arriving airplane or cruise ship, a state or local health official or quarantine officer should do the following:
  - All partners should be notified, including the nearest Quarantine station, state and local authorities, and the CDC.
  - Request information on the ill passenger's symptoms and travel and exposure history to make an initial assessment if the illness meets the current clinical and epidemiologic criteria for avian influenza A (H5N1) or is suspicious for a novel influenza strain.
  - Determine if a state or local public health worker and/or quarantine officer should meet the airplane or cruise ship to further evaluate the ill traveler.
  - Provide the crew with guidance on infection control procedures, if needed (e.g., separate the ill passenger as much as possible from other passengers; provide the ill passenger with a mask or tissues to cover coughs and sneezes).
- If a state or local public health worker and/or quarantine officer decides to meet the airplane or cruise ship and perform an initial medical evaluation of the ill traveler, the passengers and crew should be informed of the situation and should not be allowed to disembark until the evaluation is complete.

- If public health officials determine that the ill passenger meets the clinical and epidemiologic criteria for infection with a novel influenza strain, the patient should be sent by ambulance to a hospital, using appropriate infection control procedures for transit and patient isolation (see Supplement 4).<sup>1</sup>

## 2. Managing travel contacts

- Local and/or state health departments, in consultation with CDC, should decide how to manage an ill person's travel contacts on a case-by-case basis, taking into consideration the following factors:
  - Likelihood that the suspected case is due to a novel influenza strain (based on symptoms and travel history, if laboratory results are not available)
  - Likelihood that the causative virus is transmitted from person to person with a moderate or high efficiency (as in later phases of the Pandemic Alert Period)
  - Feasibility of tracing and monitoring travel contacts, as well as the patient's family members, workmates, schoolmates, and healthcare providers
- Management of contacts might include:
  - Passive or active monitoring without activity restrictions
  - Quarantine at home or in a designated facility, and/or
  - Antiviral prophylaxis or treatment.

For retrospectively identified cases, if passengers and crew members cannot be traced within 48–72 hours of the presumed exposure, local and/or state health departments, in consultation with CDC, might consider other options (e.g., issue a public notice through the news media).

- During the Pandemic Alert Period, especially during the earlier phases, health departments should quarantine travel contacts (i.e., passengers, crew, response workers) **only when there is a high probability that the ill passenger is infected with a novel influenza strain that is transmitted between people.**

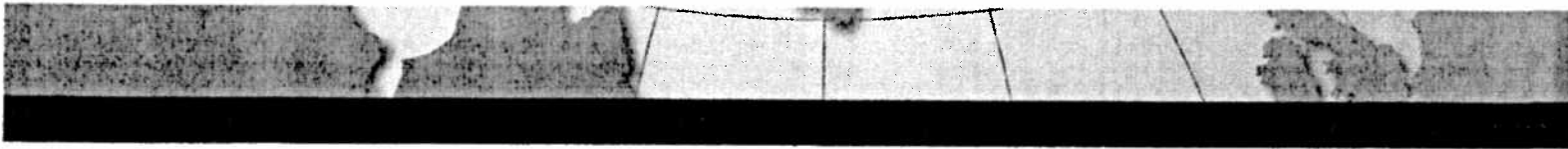
If a decision is made to initiate quarantine, persons who cannot be quarantined at home should be housed in a pre-designated temporary care facility until the diagnosis of the ill passenger is confirmed or disproved. Each quarantined person should receive a preliminary medical assessment and should be interviewed to ascertain their travel and exposure histories.

- If the diagnosis of a novel strain of influenza is confirmed, quarantined persons should be transferred as soon as possible to a pre-designated longer-term quarantine facility and should remain there for the maximum length of the incubation period for influenza. Each quarantined person may receive antiviral medication and should be monitored twice a day for fever and other signs of influenza (see Supplement 8).
- Medical follow-up and travel assistance should be provided to all quarantined persons when the quarantine period is over.

## D. Preventing the importation of infected birds and animals

State health departments should continue to assist federal agencies with responsibility for preventing the shipment of infected birds and animals into the United States. Federal agencies with responsibility for inspecting imported animals, implementing veterinary quarantine orders, and enforcing U.S. Department of Agriculture (USDA) trade bans and HHS import bans include

<sup>1</sup> Protocols and memoranda of agreement with ambulance service and hospitals with appropriate infection control measures in place should be established.



the Animal and Plant Health Inspection Service (APHIS), USDA; HHS/CDC; Bureau of Customs and Border Protection, Department of Homeland Security; and U.S. Fish and Wildlife Service, Department of the Interior.

USDA regulates the importation of all avian species (poultry, pet birds, birds exhibited at zoos, ratites) into the United States (9 CFR, Part 93). In general, birds submitted for entry into the United States must be quarantined in USDA-approved facilities. During quarantine, avian influenza virus isolation is attempted on samples collected from all dead birds and some live birds. These precautions are taken to prevent the introduction of exotic avian diseases, including avian influenza, into the United States. USDA import procedures for avian species are provided at [www.aphis.usda.gov/vs/ncie/importing.html](http://www.aphis.usda.gov/vs/ncie/importing.html).

Under section 316 of the PHS Act (42 USC 264) the HHS Secretary may make and enforce regulations necessary to prevent the introduction, transmission, and spread of communicable disease from foreign countries into the U.S. and from one state or possession into any other state or possession. CDC has implemented this statute through regulations and those that authorize CDC's order banning birds and bird products that might carry avian influenza A (H5N1) can be found at 42 CFR 71.32(b). A current listing of CDC's orders banning the importation of birds and bird products that might carry avian influenza A (H5N1) can be found at [www.cdc.gov/flu/avian/outbreaks/embargo.htm](http://www.cdc.gov/flu/avian/outbreaks/embargo.htm).

## **S9-IV. RECOMMENDATIONS FOR THE PANDEMIC PERIOD**

Over the course of an influenza pandemic, state and local health authorities might consider a range of travel-related control measures to decrease the spread of disease into the United States, out of the United States (Appendix 2), or within the United States. The following factors may be considered in developing policy:

- The relative magnitude, duration, and stage of indigenous transmission versus the risk associated with further introduced cases. When pandemic disease is widespread in the U.S., the additional contribution of introduced cases to the magnitude or spread of the pandemic will be minimal depending on the state of the epidemic in the specific location of introduction.
- The value of compulsory restrictions in a setting of voluntary changes in travel patterns. Voluntary changes in travel will occur during a pandemic as persons choose to cancel nonessential travel to decrease their potential exposure and risk of acquiring influenza infection. In this context, the added value of compulsory restrictions should be considered relative to the societal disruptions that limitations on movement would cause.

HHS will promote an active process of engagement and discussion to help states and localities decide on which actions to take as the situation evolves. Because travel-related measures implemented by one jurisdiction will inevitably affect others, communication, collaboration, and especially coordination before any measures are implemented is crucial.

### **A. Travel-related containment measures**

#### **1. Travel into the United States**

Early during an influenza pandemic that begins outside the United States, health authorities will heighten disease surveillance at U.S. airports and seaports and maintain close communication with WHO, foreign governments, and the airline industry. Travel-related disease control measures will include management of ill travelers arriving at ports of entry and provision of travel health alert notices to incoming travelers.

##### **a) Managing arriving ill passengers**

Identification and management of incoming ill travelers may delay and decrease the introduction of novel influenza strains into the United States during the Pandemic Alert Period. These efforts will continue during the early stages of the Pandemic Period, especially if a pandemic strain emerges in another country but has not yet entered the United States.